



**Marion County RSVP**

270 Montgomery St.

Woodburn, Oregon 97071

Sponsored by the City of Woodburn

**PLEASE PRINT AND COMPLETE ALL SECTIONS (\*REQUIRED)**

*All information obtain from this form is kept strictly confidential and not shared in any way.*

Name\*: \_\_\_\_\_ Birth date\*: \_\_\_\_\_

Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Phone\*: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Ethnic group: \_\_\_Caucasian \_\_\_African American \_\_\_Hispanic \_\_\_Native American/Alaskan \_\_\_Asian/Pacific Islander \_\_\_Other

Physical /Medical Limitations: \_\_\_\_\_

Will you be driving to your volunteer site?\*: \_\_\_yes \_\_\_no

Emergency Contact Name\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_

Supplemental Insurance Beneficiary\*: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment experience: \_\_\_\_\_

Special Interests/Skills/Languages: \_\_\_\_\_

Volunteer experience: \_\_\_\_\_

Preferred volunteer activities: \_\_\_\_\_

Days/Hours available: \_\_\_\_\_

I would like to be included on the one-time event volunteer list : \_\_\_yes \_\_\_no

Applicant agrees to release, indemnify, defend and hold harmless the City of Woodburn, its officers, agents, employees and volunteers from and against all liability, claims, costs, and expenses for any and all injuries, deaths, losses or damages arising from or in connection to applicant's participation in this program. I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by state law. On occasion the Marion County RSVP program staff may take photos or video of volunteers at work stations and events. These photos or videos are for RSVP use only and may be used in future printed or social media marketing campaigns. If you would NOT like your image used in marketing materials please check here \_\_\_No.

Volunteer Signature\*: \_\_\_\_\_

Date \_\_\_\_\_

RSVP Coordinator Signature\*: \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Station assigned : \_\_\_\_\_ Date assigned: \_\_\_\_\_

Welcome Package Sent: \_\_\_\_\_

Entered in Computer: \_\_\_\_\_ By: \_\_\_\_\_

( 04-12)